Cincinnati Recreation Commission
CITY OF CINCINNATI
Two Centennial Plaza, Suite 800
805 Central Avenue
Cincinnati, OH 45202
(513) 352-4985; website: www.cincyrec.org

SMALL ARTS ORGANIZATION GRANT PROGRAM
APPLICATION FORM: 2006-2007

Instructions

 IMPORTANT: Read the program guidelines and application instructions thoroughly before completing this application. *Grant period:* September 1, 2006 to August 31, 2007. *Application deadline:* March 15, 2006 (5:00 p.m.) (*NOTE: If the deadline date falls on a weekend or a holiday, applications are due by 5:00 p.m. on the first work day following the deadline date.*)
 Applications are available in paper and electronic form. (Check the Cincinnati Recreation Commission (CRC) website at www.cincyrec.org for electronic versions of the program guidelines and application. Read the forms instructions before completing the application.) Use *only* the official application form. Maintain the margins provided. Complete the application using ***computer-generated type or a typewriter***. The Cincinnati Arts Allocation Committee (CAAC) will ***not*** consider handwritten applications, incomplete applications, illegible applications, submissions on altered forms, applications submitted by fax or email, or applications that use typeface that is smaller than the type on this section of the application form. Attachments answering the questions asked on the form will be discarded. Submit the original, signed application form to CRC. Keep a file copy.

A. Applicant Information

1. _____   2. _____
    Full Legal Name of Organization   Doing Business As (dba) Name, if Applicable

3. _____ 4. _____ 5. _____
    Employer ID No. (*required*)   DUNS No.   Website Address

6. _____ _____ _____ ____ _____
    Street Address (***not P.O. Box***)   Venue/Building Name   City   State   Zip

7. Which of the following best describes the address listed above? (Check all that apply.)

 _____ Applicant organization's office address (***must*** have regular business hours open to the public)
 _____ Regular performance, rehearsal, or activity location for applicant organization's core programming

8. _____ _____ ____ _____
    Mailing Address (*if different from street address*)   City   State   Zip

9. _____ 10. _____
    Name of Contact Person   Title of Contact Person

11. _____ 12. _____ 13. _____
    Contact Phone No.   Contact Fax No.   Contact Email Address

B. Description of Organization

1. Which category best describes your organization? (Check one.)

 _____ Non-arts Organization with Established, Distinct Arts Program or Component
 _____ Arts Organization

2. Which category best describes the status of your organization? (Check all that apply.)

   _____   IRS 501(c)(3) Tax-Exempt Organization
   _____   Ohio Nonprofit Corporation
   _____   Nonprofit Organization

3. When was your organization founded as an entity with ongoing activities?

   a. Organization founded: _____ (mo/day/yr)
   b. Arts component founded (*non-arts organizations **only***)*:*   _____ (mo/day/yr)

4. What percentage of your organization's or arts component's ***core programming*** takes place within the corporate limits of the city of Cincinnati? (See program guidelines.)   _____ %

5. What percentage of the ***core programming*** in 4, above, is ***both*** open to people who live in the corporate limits of the city of Cincinnati ***and*** serves people who live in the corporate limits of the city of Cincinnati?   _____ %

6. **Organization Description**

   a. Provide a history and description of your organization and its mission or purpose. (***Non-arts organizations*** provide a history, description, and mission or purpose for ***both*** the arts program or component ***and*** the applicant parent organization.)

   b. Describe your organization's or arts component's core programming and other new and ongoing arts activities.

C. Description of Request

1. Which category best describes the type of support requested? (Check one.)

   _____   Project Support
   _____   Operating Support (available ***only*** if the responses to Section B4 ***and*** B5, above, are 51 % or more)

2. **Project/Activity Description**

    a. Describe the project or the operating support activities to be funded under this grant. Include a summary description of the arts programs or services planned to be presented in Cincinnati during the grant period that are open to and serve people who live in Cincinnati.

    b. Describe in detail the specific type(s) of expenses you propose to pay with City grant funds. (NOTE: This information *must* be more detailed than but consistent with the information you provide in Section F3.)

3. Who is responsible for carrying out the proposed project/activities described above? Include the role of the applicant organization and its key staff or volunteers *and* the names, backgrounds, and roles of any creative artist(s), organization(s), or representatives of other organizations(s) whose involvement is required to successfully carry out the proposed project/activity.

4. A minimum of one public presentation of a funded arts project, activity, program, or service is required to take place at a site within the Cincinnati city limits during the grant period. Provide the information requested below for *each* grant-related public presentation planned to take place in Cincinnati during the grant period. Do *not* list activities planned to take place outside the Cincinnati city limits or that will exclusively serve non-Cincinnati residents. (Refer to the program guidelines for information on the public presentation requirement, documentation of public presentation, and how to confirm whether an address is in Cincinnati.)

Type of Activity	Date of Public Presentation (Mo/Day/Yr)	Presentation Location (Name of Venue or Organization, Address, Zip Code, Neighborhood)	Contact and Phone at Presentation Location	Type of Documentation Submitted (See Guidelines)

5. Describe how your organization will evaluate its programs (operating support applicants) or the project proposed in this application (project support applicants). Include measurable short-term, intermediate, and/or long-term outcomes, outcomes that will be achieved during the grant period, and a summary of how the results of the program evaluation will be used and disseminated.

D. Audience

1. Describe the target audience for your project/activity.

2. What is the estimated number of individuals who will attend, view, or hear the public presentations of grant-related activities during the grant period? (Figures *must* be for grant-related activities in the corporate limits of the city of Cincinnati that are open to and serve residents of Cincinnati.): _____

3. How did you arrive at this estimate?

E. Promotion

How will you promote your project/activity and the public presentation(s) in the Cincinnati city limits to the targeted audience(s) described in Section D?

F. Budget

1. **Applicant Organization Operating Budget**

Provide information on your organization's operating budget. Include cash resources *only*; *exclude* in-kind resources.

    a. Organization's fiscal year (FY): _____ (mo/day) to _____ (mo/day)
    b. Total organization budget, last FY: $ _____
    c. Total organization budget, current FY: $ _____
    d. Total organization budget, next FY: $ _____

2. **Operating Budget for Arts Component of Non-Arts Organization**

Complete this section *only* if you are a non-arts organization with an established arts component/program. Include cash resources *only*; *exclude* in-kind resources. *You must also complete Section F1, above.*

    a. Arts component's fiscal year (FY): _____ (mo/day) to _____ (mo/day)
    b. Total arts component budget, last FY: $ _____
    c. Total arts component budget, current FY: $ _____
    d. Total arts component budget, next FY: $ _____

3. **City Arts Grant Request and Total Budget**

Provide a summary of the budget for the proposed project/activity. In Column A, list expenses you propose to pay in part or in full with City grant funds (*maximum grant request:* $7,500). This information *must* be consistent with the *detailed description of the proposed use of City grant funds in Section C2b. Grant writing tip:* Earmark the City portion of the budget for larger dollar amount expenses in a limited number of expense categories. This will simplify record keeping and reporting if your application is funded. In Column B, list expenses you will pay with cash contributions from other sources. Add columns A and B, and provide total budget figures in Column C.

Expense Category	City Arts Grant Request (A)	+	Cash Contributions from Non-City Sources (B)	=	Total Budget (C)
Personnel	$ _____		$ _____		$ _____
Outside Professional Services	_____		_____		_____
Space Rental	_____		_____		_____
Marketing/Publicity/Promotion	_____		_____		_____
Equipment Rental	_____		_____		_____
Consumable Supplies	_____		_____		_____
Production/Exhibition Costs	_____		_____		_____
Liability Insurance	_____		_____		_____
Other (specify type) _____	_____		_____		_____
_____	_____		_____		_____
_____					
Total	$ _____ (A)	+	$ _____ (B)	=	$ _____ (C)

4. **Matching Support: Cash Contributions from Non-City Sources**

Matching support for the City arts grant request *must* include cash contributions. Identify the sources of the cash contributions you showed in Column B, Section F3. List major income sources in the spaces provided in the column headed "Income Source." Check whether each type of cash contribution is confirmed or anticipated. (Refer to Item 8 (Matching support) in the Eligibility Requirements section of the program guidelines for information on cash contributions.)

Income Source	Amount	Confirmed	Anticipated
Ticket receipts, admission, subscriptions	$ _____	_____	_____
Sales of food or beverages, parking, publications, rentals, etc.	_____	_____	_____
Memberships	_____	_____	_____
Tuition, class, workshop fees	_____	_____	_____
Corporate support (_____)	_____	_____	_____
Foundation support (_____)	_____	_____	_____
Other City of Cincinnati support (*not from arts allocation*) (_____)	_____	_____	_____
State of Ohio support (_____)	_____	_____	_____
Other government support (_____)	_____	_____	_____
Other (list) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Income	$ _____		

(***Must*** equal total of Column B, Section F3)

5. **Matching Support: In-kind Contributions**

Identify the source, type and value of each ***non-cash donation*** for the proposed project/activity. Check whether each item is confirmed or anticipated. (Refer to Item 8 (Matching support) in the Eligibility Requirements section of the program guidelines for information on in-kind contributions.)

Source/Type of Donation	Value	Confirmed	Anticipated
_____	$ _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total In-kind Contributions	$ _____		

G. Assurances

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that all information on this application is not required by law, but that failure to complete all sections of the application may result in a grant not being awarded. I understand that the information contained in this application, once submitted to the City of Cincinnati, is subject to the provisions of the Ohio Public Records Act. I understand that submission of this application signifies intent to comply with all general and specific guidelines and regulations of the grant program and the City of Cincinnati.

I hereby release the City of Cincinnati, the Cincinnati Recreation Commission (CRC), the Cincinnati Arts Allocation Committee, and their staff from any liability and/or responsibility concerning loss of, or damage to, materials submitted to CRC. I understand that if I do not collect support material(s) from CRC within one (1) year from the date of this application, such material(s) will be destroyed.

H. Signature

_____   _____ _____
Signature of Authorized Representative (*Use blue ink.*)   Name and Title of Authorized Representative   Date

_____   _____ _____
Signature of Board Representative (*Use blue ink.*)   Name and Title of Board Representative   Date

Checklist

I have included the following:

_____ **Application.** One (1) completed current Small Arts Organization Grant Application Form with *original* signatures.

_____ **Completed Organization Profile.** One (1) copy of completed organization profile. (**NOTE:** This information will be used for statistical evaluation purposes and to help determine the extent to which applicant organizations have minimized barriers to broad cultural participation in the arts.)

_____ **Nonprofit status documentation.** Documentation of nonprofit status as specified in the grant program guidelines.

_____ **Support materials that describe the applicant and document its activities within the last three (3) years.** Submission requirements are specified in the grant program guidelines. (**NOTE:** Submit *only* the number and type of support materials specified in the guidelines. *Make no substitutions.*)

_____ **Self-addressed, stamped mailer.** The mailer is for return of audiotapes, audio CDs, DVDs, slides, and videotapes. Printed materials will *not* be returned. (**NOTE:** Do *not* send cash, checks, or money orders to cover return postage. If no return mailer is provided, support materials will be held for one (1) year and then destroyed.)

_____ **Documentation of confirmed public presentation(s).** Materials documenting planned public presentation(s) listed in Section C4 of the application. Acceptable types of documentation are specified in the grant program guidelines. (**NOTE:** Submit *only* the types of documentation specified in the guidelines. *Make no substitutions.*)

_____ **Documentation of intent to collaborate.** Original letter(s) of intent from collaborating creative artist(s) or representatives of organization(s) as pertinent to the application. (See grant program guidelines and Section C3 of the application.)

_____ **Financial information.** Audit (preferred), financial statement, or tax form 990 for most recently completed fiscal year. (See the Application Requirements section of the grant program guidelines for requirements or call CRC for more information.)

_____ **Board member list.** List of current board members containing information specified in the Application Requirements section of the grant program guidelines.

_____ **Report and support materials.** Completed Final Report Form or Status Report Form, if pertinent. (Refer to the Application Requirements section of the grant program guidelines or call CRC for more information.)

NOTE: All applications and support materials must be *received* (*not* postmark dated) in the CRC office by *5:00 p.m. March 15. If the deadline falls on a weekend or a holiday, applications are due by 5:00 p.m. on the first work day following the deadline date.* Applications not meeting the submission deadline will *not* be considered. Applications submitted by fax or email will *not* be considered.

Questions? Call CRC at (513) 352-4985.

ORGANIZATION PROFILE

Organization Name: _____   **Statistics as of:** _____ (mo/day/yr)

IMPORTANT! See instructions and definitions on the next page. This information will be used for statistical evaluation purposes and to help determine the extent to which applicant organizations have minimized barriers to broad cultural participation in the arts.

Category	Total				Male							Female						
	Individuals	Persons with Disabilities	Appalachian	Hispanic	Am Indian, Alaskan Native	Asian	Black, African American	Multi-Racial	Native Hawaiian, Other Pacific Islander	White	Other	Am Indian, Alaskan Native	Asian	Black, African American	Multi-Racial	Native Hawaiian, Other Pacific Islander	White	Other
Total Full-Time Paid Employees																		
Total Part-Time Paid Employees																		
Total Contract Workers																		
Total Volunteers																		
Total Board Members																		

ORGANIZATION PROFILE INSTRUCTIONS

1. **General Instructions:** Complete the organization profile using computer-generated type or a typewriter. Provide statistics for the applicant organization. Remember to provide the name of the applicant organization at the top of the form. Complete the line beginning "Statistics as of' by adding the date the data were collected. Complete the Male, Female, and Total Sections of the chart, typing numbers in the appropriate boxes. Refer to the definitions below for information on handicapped, Appalachian, and Urban Appalachian status.
2. **Total Individuals:** This is the sum of the figures entered in the Male and Female racial breakouts for the category in question.
3. **Persons with Disabilities:** Include statistics for individuals with disabilities in the Persons with Disabilities category, the Total Individuals category, and all other appropriate gender and racial categories.
4. **Appalachian:** Include statistics for individuals who are Appalachian in the Appalachian category, the Total Individuals category, and all other appropriate gender and racial categories.
5. **Hispanic:** Include statistics for individuals who are Hispanic in the Hispanic category, the Total Individuals category, and all other appropriate gender and racial categories.
6. **Total Full-Time Paid Employees:** Provide statistics on all full-time, paid employees working 30 or more hours per week. Do *not* include part-time employees or contract workers in these statistics. Male and Female statistics *must* add up to the figure in the Total Individuals box.
7. **Total Part-Time Employees:** Provide statistics on all part-time, paid employees working under 30 hours per week. Male and Female statistics *must* add up to the figure in the Total Individuals box.
8. **Total Contract Workers:** Provide statistics on all non-employees working for the organization on a contractual basis. Male and Female statistics *must* add up to the figure in the Total Individuals box.
9. **Total Volunteers:** Provide statistics on all unpaid staff persons and other unpaid workers in the appropriate boxes in the row Total Volunteers. Male and Female statistics *must* add up to the figure in the Total Individuals box.
10. **Total Board Members:** Provide statistics on all members of the applicant's board of directors. Do *not* include emeriti or honorary members unless they are considered active members of the board with all the rights and responsibilities of board members. Male and Female statistics *must* add up to the figure in the Total Individuals box.

DEFINITIONS

1. **Appalachian:** A person who was born in or whose relatives come from one of the 396 counties designated as the Appalachian region and who identifies him/herself as an Appalachian or is identified by others as having an Appalachian heritage. The Appalachian region comprises counties in the following states: AL, GA, KY, MD, MS, NY, NC, OH, PA, SC, TN, VA, WV.
2. **Handicap:** A disability that severely limits a major life activity.
3. **Urban Appalachian:** Second and third generation Appalachian people who settled permanently in northern cities.

Questions? Call CRC at 352-4985.